

REQUEST TO MODIFY CHILD SUPPORT

“Simplified Mod”

1

**To Change An Existing Court Order
15% or more Increase or Decrease**

or

To Assign or Change Responsibility for Medical Insurance

**Part 1: Filing the Court Papers
(Forms Packet)**



SELF SERVICE CENTER

REQUEST TO MODIFY A COURT ORDER FOR CHILD SUPPORT “Simplified Process”

PART 1: FILING THE COURT PAPERS

This packet contains court forms to file a ***“Request to Modify a Court Order for Child Support --Simplified Process.”*** Be sure the documents are in the following order:

Order	File Number	Title	# Pages
1	DRMSS1ft	Table of forms in this packet	1
2	DRMSS1k	Checklist: You may use these forms if	1
3	DRMSS11f	<i>“Request to Modify Child Support —Simplified Process”</i>	2
4	DRS12f	<i>“Parent’s Worksheet”</i>	2
5	DRS81f	<i>“Child Support Order”</i>	4
6	DRS82f	<i>“Order of Assignment”</i>	1
7	DRS88f	<i>“Current Employer Information Sheet”</i>	1

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

SELF SERVICE CENTER

REQUEST TO MODIFY CHILD SUPPORT – Simplified Process ("Simplified Mod")

CHECKLIST

You may use this packet if the following factors apply to your situation:

- ✓ You have a Maricopa County child support order and you believe the amount you pay or receive should be changed, **AND**
- ✓ You have completed a ***"Parent's Worksheet for Child Support"*** and the result for Item 35 is different from the amount of your current order by ***at least 15%, OR***
- ✓ You want to assign responsibility or change who is responsible for medical insurance. A modification of the medical assignment or responsibility does not need to vary by 15% or more from the existing child support amount.

Typically, this procedure is used when there has been a change in the income of the parent(s), **OR**

There are two or more children and support is no longer owed for one child but *is* still owed for others, **OR**

WARNING: If the order you want to change is not from this county, ask a lawyer about the requirements to file your Petition (Request) with this Court.

DO NOT USE THESE FORMS:

- ✗ To change spousal support/maintenance (alimony);
- ✗ If your order is from a court outside this county (unless an attorney has advised you to);
- ✗ If the amount of the change in the order is not ***at least 15%***;
- ✗ If the reason you are requesting the change is because the living arrangements of the child(ren) have changed but the court order about custody and visitation has ***not***.

READ ME: Before filing documents with the Court, consult a **lawyer** to help guard against undesired and unexpected consequences. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site at: <http://www.superiorcourt.maricopa.gov/ssc/provider/lawyers.asp>

(1) Person Filing: _____
 Address: _____
 Phone: _____
 Atlas Number: _____
 Bar Number (if applicable): _____
 Representing ☐ Self (Without a Lawyer) OR
☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(2) _____
 Name of Petitioner (in original case),

Case Number: (3) _____

REQUEST TO MODIFY CHILD SUPPORT "SIMPLIFIED PROCESS"

(2) _____
 Name of Respondent, (in original case)

IMPORTANT NOTICE TO PARTY NOT REQUESTING THE MODIFICATION (CHANGE).

Your support order may be modified (changed) if you do **not** request a hearing.

I, (4) _____, ask this court to modify (change) the Arizona child
 (Person Requesting Change)
 support order in this case entered on (5) ____ / ____ / ____ by (6) _____.
Judge or Commissioner

1. The child support order currently in effect requires (7) _____ to make payments of (8) \$ _____ per _____, payable on the _____ day(s) of the month.
2. Attached is a Parent's Worksheet for child support. According to the worksheet calculations (item 35), the child support amount should be (9) \$ _____ per month.
3. The following calculations show that the requested change varies from the current ordered child support by 15% or more.
 (10) (a) _____ divided by (b) _____ = (c) _____ %
 a = the difference between the amount currently ordered and the amount requested;
 b = the amount currently ordered; and,
 c = the percentage change
4. Is the Department of Economic Security (DES) providing child support enforcement services to at least one of the parties? (11) ☐ Yes ☐ No ☐ Unknown

(If YES, see page 2 of "Procedures" document in instruction packet regarding notice to DES.)

5. Other court-ordered payments included in the current Order of Assignment dated ____ / ____ / ____.
 Spousal Maintenance/Support (12) \$ _____ per
 Payments on Arrears:
 Child Support \$ _____ per
 Spousal Maintenance/Support \$ _____ per
 Other \$ _____ per

RELIEF REQUESTED: (WHAT I WANT THIS COURT TO DO.)

- A. I request that child support be ordered in the amount of **(13)** \$ _____ per month and that relief requested in the Parent's Worksheet be ordered.
- B. If this matter goes to hearing, I further request that costs and fees incurred in bringing this action be ordered to be paid by the opposing party.

OATH OR AFFIRMATION

(14) The contents of this document are true and correct to the best of my knowledge and belief.

Signature

Date

Sworn to or affirmed before me this date:

My Commission expires

Notary Public or Deputy Clerk

NOTICE TO PARTIES

If you do **not** agree with the modification/change in child support, you have twenty (20) days to ask for a hearing. If service of process is made outside the State of Arizona, the parent receiving service has 30 days in which to ask for a hearing.

Upon proof of service and if no hearing is requested within the time allowed, the court will review the request and enter an appropriate order modifying the support award. If an error is noted, the amount awarded may be different from the amount requested, but the modification will not be greater than the amount requested.

In the event the court has serious concerns regarding the accuracy of the information, or if a substantial mathematical error is found, the court may set the matter for hearing. If either party requests a hearing within the time allowed, the court will set a hearing. No order will be modified without a hearing if a hearing is requested. If you wish to request a hearing, you may obtain the following forms from the Office of the Clerk of Superior Court or the Self-Service Center for a charge or download them for free from the internet at:

http://www.superiorcourt.maricopa.gov/ssc/forms/fc_drmss3.asp

- Request for Hearing
- Parent's Worksheet for Child Support

An arrearage calculation may be completed on your case. If it is determined that there is an overpayment or an arrearage owing, the monthly obligation could be adjusted to bring your case current.

(1) Name of Person Filing : _____
 Phone Number(s): _____ / _____
 In this case I am ☐ Petitioner or ☐ Respondent Or ☐ represented by Attorney
 (IF) Attorney, Name: _____ Bar No.: _____
 Atty. Email: _____ Atty. Phone: _____

**SUPERIOR COURT OF ARIZONA
 IN MARICOPA(2) COUNTY**

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner _____ (4) Case No. _____

(3) Respondent _____ (4) ATLAS _____

(5) Total Number of Children: _____

(6) Parent with Primary Custody: Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

- ☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.
☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.
☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 4e).

	FATHER		MOTHER
Gross Income (Pre-Tax Income. Before deductions.)	\$ _____	(9)	\$ _____
Spousal Maintenance Paid	\$ -	(10)	\$ -
Spousal Maintenance Received	\$ +	(11)	\$ +
Child Support Paid/Contributed	\$ -	(12)	\$ -
Support of Other Children Paid	\$ -	(13)	\$ -
Adjusted Gross Income	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)	\$	_____
Basic Child Support Obligation	(16)	\$	_____
Plus Costs for:			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21)	\$	_____
Total Adjustments for Costs	(22)		_____
Total Child Support Obligation	(23)	\$	_____

	FATHER		MOTHER	
Each Parent's % of Combined Income	_____	% (24)	_____	%
Each Parent's Share of Tot. Support Obligation	\$ _____	(25)	\$ _____	

Adjustment for Non Custodial Parent's Costs Associated with Parenting TimeUsing Table A ☐ Table B ☐ (26)

No. of Days _____ = _____% Adjustment (from table)

x Line (16) \$ _____ (Basic Child Support Obligation) \$ _____ (27) \$ _____

Less Noncustodial Parent's Costs for:

Medical/Dental/Vision Insurance* \$ _____ (28) \$ _____

Childcare* \$ _____ (29) \$ _____

Education Expenses* \$ _____ (30) \$ _____

Extraordinary/Special Needs Child Expenses* \$ _____ (31) \$ _____

*Subtract here ONLY if ADDED-IN items 17-20 above

Adjustments Subtotal \$ _____ (32) \$ _____

Preliminary Child Support Amount \$ _____ (33) \$ _____

Self Support Reserve Test for Parent Who Will Pay

Amount from Line (14) (Adj. Gross Inc.)

Minus Reserve Amount - \$775

Total = \$ _____ (34) \$ _____

Child Support to be Paid by: Father ☐ Mother ☐ \$ _____ (35) \$ _____

Share of Travel Expenses Related to Parenting Time* _____ % (36) _____ %

*Only for expenses related to travel over 100 miles, one way.

Share of Medical/Dental/Vision Costs Not Paid by Insurance _____ % (37) _____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date_____
Signature of Parent

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

Petitioner/Plaintiff

Case No. _____

Date of Birth (Month, Date, Year)

ATLAS No. _____

Respondent/Defendant

CHILD SUPPORT ORDER

A.R.S. § 25-503

Date of Birth (Month, Date, Year)

THE COURT FINDS THAT:

1. Mother: _____ and

Father: _____

owe a duty to support the following children:

Child(ren)'s Name(s)

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DO NOT WRITE BELOW THIS LINE. THE COURT PERSONNEL WILL COMPLETE THE FORM.

2. The required financial factors and any discretionary adjustments pursuant to the Arizona Child Support Guidelines are as set forth in the Parent's Worksheet for Child Support Amount, attached and incorporated by reference.

3. ☐ **Mother** ☐ **Father** is obligated to pay support to: _____

In the amount of: \$ _____ Per Month

4. Deviation (only in applicable cases)

☐ Application of the Arizona Child Support Guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child(ren) in determining that a deviation is appropriate.

The child support amount before deviation is: \$ _____

The child support amount after deviation is: \$ _____

☐ The Court finds the guidelines amount is inappropriate or unjust because:

☐ Attached written agreement incorporated

☐ Other Reasons for Deviation from Guideline Amount:

Arrears

Child support arrears exist in the amount of: \$ _____

For the period of: _____ to _____

Past Care and Support

A judgment for past care and support should be entered in the amount of: \$ _____

For the period of: _____ to _____

IT IS ORDERED THAT:

1. ☐ Mother ☐ Father shall pay child support in the amount of: \$ _____

Per Month, to: _____

First payment is due on the 1st day of: _____

2. ☐ Mother ☐ Father owes child support arrears in the amount of: \$ _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____

and against: _____

In the principal amount of: \$ _____

☐ **Mother** ☐ **Father** shall pay \$ _____ Per Month toward child support arrears until paid in full.

3. ☐ **Mother** ☐ **Father** owes past care and support in the amount of: \$ _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____

and against: _____

In the principal amount of: \$ _____

☐ **Mother** ☐ **Father** shall pay \$ _____ Per Month toward the past care and support amount until paid in full.

4. All payments shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment signed this date. Any time the full amount of support ordered is not withheld, the person obligated to pay (the obligor) remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse shall be considered *gifts* unless otherwise ordered. All payments shall be made payable to and mailed directly to:

Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107

Payments must include the payor's name, ATLAS number, and Social Security Number.

5. Pursuant to A.R.S. § 25-322, the parties shall submit current address information in writing to the Clerk of the Superior Court and the Support Clearinghouse immediately. The payor shall within 10 days, submit the names and addresses of employers or other persons or organizations from which he or she is entitled to receive payment.

6. The parties shall submit address changes within 10 days of the change.

7. MEDICAL, DENTAL, VISION CARE INSURANCE FOR MINOR CHILDREN

☐ **Mother** is responsible for providing ☐ medical ☐ dental ☐ vision care insurance.

☐ **Father** is responsible for providing ☐ medical ☐ dental ☐ vision care insurance.

8. The costs of medical/dental/vision care expenses not paid by insurance shall be shared as follows: **Mother** _____ % **Father** _____ %.

Request for payment or reimbursement must be provided to the obligated parent(s) within 180 days after the services occurred. The obligated parent must pay or make payment arrangements within 45 days after receipt of the request.

7. The costs of travel related to parenting time over 100 miles one way shall be shared as follows: **Mother** _____ % **Father** _____ %
9. The parties shall exchange financial information such as copies of tax returns, earnings statements, a Parent's Worksheet for Child Support Amount, residential addresses and the names and addresses of their employers every 24 months.
10. The court allocates the federal tax exemption(s) for the dependent child(ren) as follows:

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	
		For Calendar Year	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

Each year, the person obligated to make payments (the obligor) may claim these exemptions only if the obligor has paid all child support and arrears ordered for the year by December 31 of that year.

IMPORTANT INFORMATION:

If this is a modification of child support, all other prior orders of this Court not modified remain in full force and effect.

Pursuant to Arizona Revised Statutes § 25-503(I), the right to get a judgment for unpaid child support ends three years after all children included in the Child Support Order have emancipated. To collect the unpaid support, the person owed child support must file a court action to obtain a written judgment for the unpaid amount before the end of the three-year period. (Limited exceptions exist and are found in A.R.S. § 25-320(B).

Although the obligation to pay support may continue, a child is emancipated:

On the date of the child's marriage
 On the child's 18th birthday
 When the child is adopted
 When the child dies

 Date

 Judicial Officer

THE SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1) _____)
 Petitioner/Plaintiff)
 vs.)
 (2) _____)
 Respondent/Defendant)

(3) Case Number: _____

(4) ATLAS Number: _____

ORDER OF ASSIGNMENT

TO: Current and future employers or other payors of:

(5) Name: _____ SSN: _____

This order modifies and replaces any previous "Order of Assignment" with the same case number. You shall withhold court-ordered payments as follows:

Current Child Support	\$ _____
Current Spousal Maintenance/Support	\$ _____
Payments on Arrears / Interest	\$ _____
Clearinghouse Handling Fee	\$ _____ 2.25 per month*
TOTAL AMOUNT per month	\$ _____, but no more than

50% of disposable earnings (A.R.S. § 33-1131). *The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This **"Order of Assignment"** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by **this "Order of Assignment."** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

This Order of Assignment terminates on the last day of _____, _____ unless it includes an arrearage payment, in which case the total amount listed above shall continue to be withheld until further order.

You shall NOT discharge or otherwise discipline the person named in this assignment, because of service of this "Order of Assignment."

The above ATLAS number and employee's name **must** appear on the *Transmittal Form or check*. Make payments payable and send to:

Support Payment Clearinghouse, P.O. Box 52107, Phoenix, AZ 85072-2107

Dated this _____ day of _____, 20____.

 Judicial Officer or Clerk of Superior Court

CURRENT EMPLOYER INFORMATION

You may also fill out this form online at the Family Support Center Website at:
<http://www.familysupportcenter.maricopa.gov>

THIS FORM MUST BE COMPLETED FOR:

- ☐ **AN ORDER OF ASSIGNMENT (STAPLE TO THE ORDER OF ASSIGNMENT)**
- ☐ **ORDER TO STOP AN ORDER OF ASSIGNMENT (STAPLE TO THE STOP ORDER)**
- ☐ **NOTIFICATION OF A CHANGE OF EMPLOYER**

CASE NUMBER: _____ **ATLAS NUMBER:** _____

PAYOR NAME: _____ **SSN:** _____
(PERSON TO MAKE PAYMENTS)

LIST ONLY THE EMPLOYER'S NAME AND PAYROLL ADDRESS WHERE THE ORDER OF ASSIGNMENT OR STOP ORDER SHOULD BE MAILED.

CURRENT EMPLOYER NAME: _____

PAYROLL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMPLOYER TELEPHONE: _____

EMPLOYER FAX: _____

FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.

WA/FSC

WA/LOG ID:	_____
TYPE OF W/A	_____
DATE	_____
AMOUNT OF ORDER	_____
EMPLOYER STATUS	_____
ENTERED BY	_____
NEW W/A	_____
AG	_____
	SUB _____
	DCSE _____